	· · · · · · · · · · · · · · · · · · ·	Sub:	ON FEE U	ETERMINA	TION RECORD	tion unless it displays	valid OMB control imber
٠,٤	CLAIMS AS FILED - PART I						or Docket Number
		(Column 1) (Column 2)			SMALL ENTITY		OTHER THAN
•	BASIC FEE NUMBER FILED . A			NUMBER EXTRA	PATE	EE OR	SMALL ENTIT
٠.	TOTAL CLAIMS (37 CFR 1.16(c))			· ·	5		RATE FE
	INDEPENDENT CLAIMS   minus 20 = (37 CFR 1.16(b))   minus 3 =			·	x s 25 =	OR X	.50.
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				x s 100=	1 1	200
. •	If the difference in column 1 is less than zero, enter "0" in column 2.				+s.180	OR + 5	360
	CLAIMS AS AMENDED - PART II				TOTAL	OR T	OTAL
	(Colum	(Column 1) (Column 2). (Column 2).			SMALL ENTITY	OR	OTHER THAN
	Total AMEND  Total AMEND  Total AMEND  Total Total Total Total AMEND  Total Total Total Total AMEND  Total Total Total Total Total Total AMEND  Total Tot	ER	HIGHEST NUMBER PREVIOUSL	PRESENT Y EXTRA	RATE ADDI		SMALL ENTITY
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	3	Minus	5   -		x s 100=	OR x 5 5	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ s_180=	OR $\times 3$	0
	(Column 1) (Column 2) (Column 3)				ADO'L FEE	OR ADO'L	·ce 550
	CLAIM REMAINI Z AFTEF AMENDMI	NG	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE ADDI-		
	O GI CAR 1.16(c)	. Minus	PAID FOR	=	TIONAL FEE	RATE	TIONAL
-	Σ	* Minus		=	× s 100=	OR x 550	<del></del>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 5 180=	OR × 5200	<del></del>
	(Column 1)				TOTAL ADO'L FEE	OR ADD'L FE	
	CLAIMS REMAININ AFTER AMENDMEN  Total (I) TOTAL 1.16(c)  (I) OFFR	G PF	(Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE ADDI-	RATE	
	(JI OFR 1.16(c)) Indépendent	Minus 144		=	× s 25 E		ADDI- TIONAL FEE
	UI OT CER LINGH	Minus	I .	=	x s 100	OR $\times 50$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(d))				+ s \ 80=	OR x 5 2300	
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Pald For" (N THIS SPACE is less than 20, enter the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter the "Highest Number Previously Paid For" (Total or Independent in the SPACE is less than 3, enter the "Highest Number Previously Paid For" (Total or Independent in the SPACE is less than 3, enter the "Highest Number Previously Paid For" (Total or Independent in the SPACE is less than 3, enter the "Number Number Previously Paid For" (Total or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Total or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the SPACE is less than 3, enter the "Number Previously Paid For" (Notal or Independent in the Paid For Total or Independent in				TOTAL ADD'L FEE	OR ADD'L FEE	
L Thi	The "Highest Number Previous	Y Paid FOR (Total	IIS SPACE is I	ess (han ), enter	3°.		

The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS